

Obesity – An *Ayurvedic* Review

Chandrajeet Kumar^{1*}, Vijay Shankar Dubey², Amarendra Kumar Singh³

1. MD (Ay.) Dravyaguna, Medical Officer (AYUSH), RBSK, Primary Health Centre, Patna Sadar, Sabalpur, Patna - 800009 (Bihar)
2. Professor and Head of Department, *Dravyaguna*, Government Ayurvedic College and Hospital, Patna - 800003 (Bihar) E-Mail: dr.vsdubey@gmail.com (9431046540)
3. Associate Professor, Dept. of *Roga Nidana*, Government Ayurvedic College and Hospital, Patna - 800003 (Bihar) E-Mail: singh.amrendra70@yahoo.co.in (9931230820)

*Corresponding Author: E-Mail: dr.chndr@gmail.com (Mobile No.:9430090360)

ABSTRACT:

Obesity is a major health problem of modern society which is due to sedentary lifestyle and faulty dietary habits. Compared with other persons, obese persons are at increased health risk for many diseases, which shortens the life span and working capacity of human being. In *Ayurveda* obesity can be correlated with the *Medoroga* which is *Kapha* predominant *Vyadhi* and caused by vitiation of *Medodhatu*. For the management of this disease there are so many medicines and surgery are described in modern medicine but till date no any perfect therapy is found. But with the help of *Ayurveda* obese persons can reduce their weight without side effect.

KEYWORD: *Ayurveda*; *Medodhatu*; *Medoroga*; Obesity.

INTRODUCTION: *Ayurveda* is science of life. Its two basic aims, to protect health of healthy person and to

eliminate the ailments of diseased person. Now a day, every person is busy in getting his life's goal. Nobody has time to follow *Dinacharya* and *Ritucharya* for healthy life. Due to this continuous change in life styles and altered dietetic habits, person has become the victim of many diseases, *Medoroga* is one of them. The physiology of the body depends upon the structural and functional homeostasis of *Dosha*, *Dhatu*, *Mala*, and *Agni* along with *Atma*, *Indriya* and *Mana*¹. Vitiation or imbalance of any of the above mentioned components leads to the development of disease². *Acharya Charaka* has also defined a healthy person as the one; who possesses optimum level of all *Dhatus*, *Agni*, strong sense organs and who can tolerate hunger, heat, cold, physical exercise etc.. The two great authorities of *Ayurveda* have defined health in reference to obesity and asthenia. The obese persons are more likely to suffer from grave diseases when compared to

asthenics and the management of such disease is difficult in obese ones. *Acharya Charaka* has included in *Ashtounindita Purusha* and also listed this problem under *Santarpanajanita Vyadhi*.

A person having pendulous appearance of *Sphika*, *Udara* and *Stana* due to excess deposition of *Meda* along with *MamsaDhatu* and also having unequal and abnormal distribution of *Meda* with reduced zeal towards life is called *Atisthula (Medoroga)*³. This is *Kapha* predominant *Vyadhi*⁴. So, vitiation of *Kapha* also leads to vitiation of *Meda Dhatu (Ashrayashrayeebhava)*. In this disease, the excessive production of abnormal *Meda Dhatu*⁵ is clearly visualized. The main culprit in pathogenesis of *Medoroga* is *Kapha* and *Meda*. Therefore, the first line of treatment is considered to restrict the excess production of *Kapha* and *Meda*.

NEED OF THE STUDY

World Health Organization⁶ estimated that, the worldwide prevalence of obesity more than doubled between 1980 and 2014. Overall, about 13% of the world's adult population (11% of men and 15% of women) was obese in 2014. Obesity provides the platform for so many hazards like: cardiovascular diseases, which were the leading cause of death in 2012; diabetes; musculoskeletal disorders (especially osteoarthritis); some cancers. Recently, the whole world is looking behind it how to improve the life style and dietary habits to combat from this disease.

For the management of this disease there are so many medicines and surgery are described in modern medicine but till date no any perfect therapy is found. But in *Ayurvedic* classic There are so many treatments and life style modifications are described to prevent and cure *Medoroga*.

NIDANA (Causative Factors)

All the causative factors described in *Ayurvedic* classics can be classified into four broad categories-

1. *Aharatmaka Nidana*
2. *Viharatmaka Nidana*
3. *Manas Nidana*
4. *Anyana Nidana*

1. *Aharatmaka Nidana*:

Aharatmaka Nidanas like *Guru*, *Madhura*, *Sheeta*, *Snigdha* dominant diet, *Navanna* and excessive intake of food etc. are responsible factors for *Medoroga*. *Ahararasa* plays a major role for increasing *Medadhatu* in *Medoroga*. So, *Acharya Sushruta* has mentioned *Sthaulya* and *Karshya* depend upon the quality and quantity of *Ahararasa*.

2. *Viharatmaka Nidana*:

Viharatmaka Nidanas like *Divaswapna* (day sleep), *Avyayam* (lack of exercise) and *Avyavaya* (lack of intercourse) etc. are responsible factors. Decreased physical activity increase *Kapha* and deposition of *Meda* excessively.

3. *Manas (psychological) Nidana*:

Acharya Charaka mentioned *Harshanitya* (Uninterrupted cheerfulness) and *Achintana* (Lack of anxiety) etc. are responsible for *Medovriddhi*.

4. Anya Nidana:

Acharya Charaka has mentioned a specific *Nidana Beejadosh* (hereditary factor) which plays a major role for *Medovriddhi*.

PURVARUPA (Premonitory symptoms):

Purvarupa of *Medoroga* has not been mentioned in our classics. According to *Acharya Charaka*, the *Medovaha Srotodusti Lakshanas* which are also mentioned as *Purvarupa* of *Prameha* can be considered as *Purvarupa* of *Sthaulya*. Keeping the views of *Acharya Charaka* in mind, *Lakshana* of *Kaphavridhi* like *Alasya*, *Angashaithilya*, *Madhurasya*, *Atinidra*, *Atipipasa* etc. may be considered as *purvarupa*.

RUPA (Symptoms):

Acharya Charaka has described 8 specific *Rupas* which are as follows – *Ayushohrasa*, *Javaparodha*, *Kriccha Vyavaya*, *Daurbalya*, *Daugandhya*, *Svedabadha*, *Kshudhatimatrata* and *Pipasaatiyoga*. The cardinal or *Pratyatma Lakshana* of *Sthaulya* has been enlisted by *Charaka* are: *Chala Sphika*, *Chala Udara*, *Chala Stana*, *Ayatha Upachaya* and *Anutsaha*³.

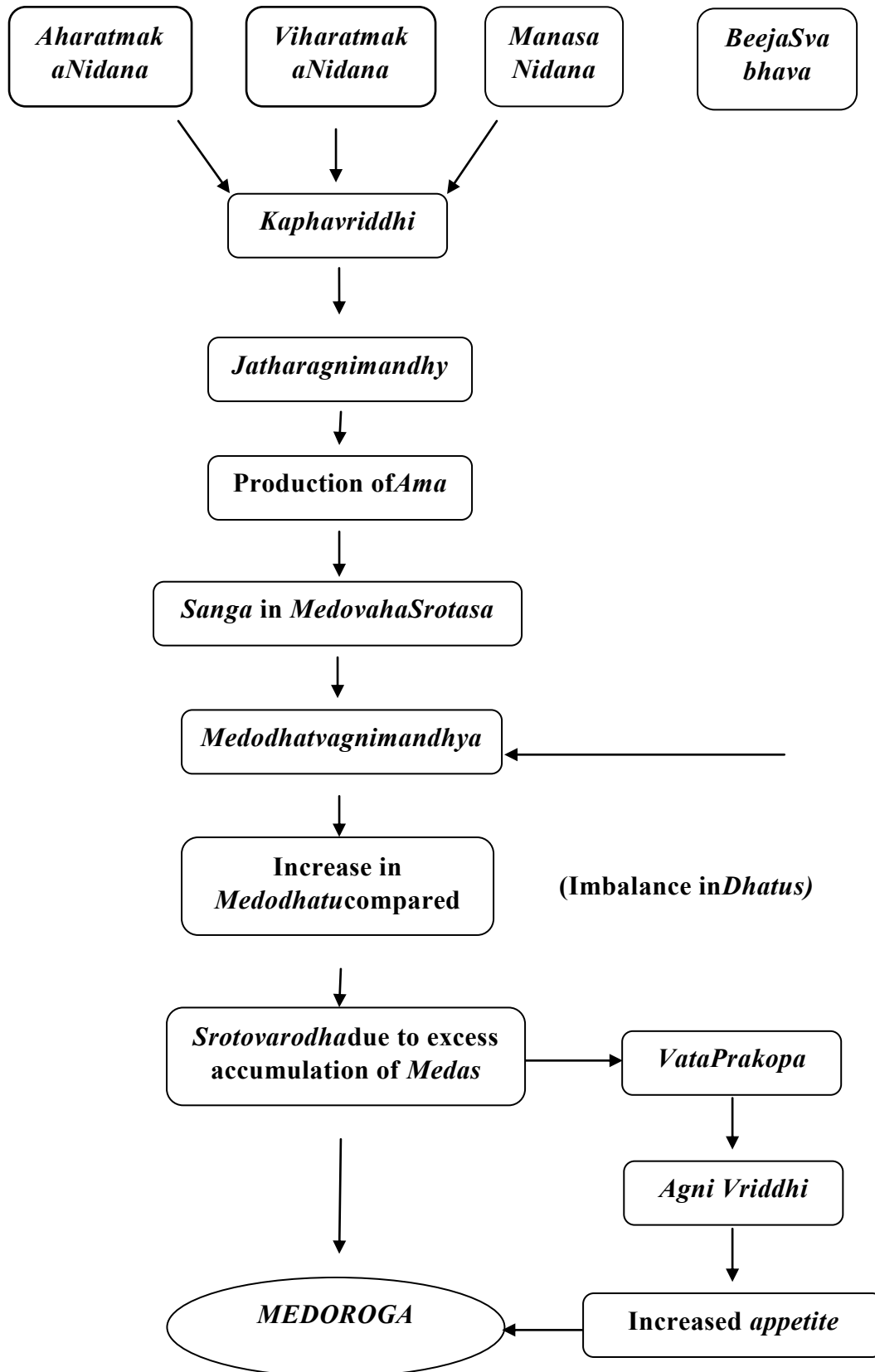
UPADRAVA (Complications):

Acharya Charaka has reported that if *Sthaulya* is left untreated, *Pramehapidika*, *Jvara*, *Bhagandara*, *Vidradhi*, *Vatavikara* may be arisen out.

SAMPRAPTI (pathogenesis):

In the pathogenesis of *Sthaulya*, all the three *Doshas* are vitiated, especially *Kledaka Kapha*, *Pachaka Pitta*, *Samana* and *Vyana Vayu*. Due to the various *Aharatmaka*, *Viharatmaka*, *Manasika Nidana Sevana*, leads to *Kaphavridhi* and produces *Jatharagnimandhya*. *Jatharagnimandhya* results in production of *Ama*, which leads to *Sanga* in *Medovaha Srotas* and then *Medodhatvagnimandhya*, whereas *Beeja Svabhava Nidana* directly leads to *Medodhatvagnimandhya* and this leads to *Medovriddhi* (*Amarupa*). All these things together cause the *Medovahasrotodusti*. *Srotaavarodha* of different *Srotasa* is caused by increased *Meda*, which affects the *Poshana* of different *Dhatus* and it again leads to *Medodhatuvridhi*. Due to the less *Poshana* (nutrition) of different *Dhatus*, *Ashtadosha* of *Medoroga* i.e. *Ayushohrasa*, *Kshudraswasa*, *Daurbalya* etc are produced. Again that *Srotosanga* caused the *Margavarodha* of *Vayu*. This *Avarodhita Vayu* reached to the *Koshtha* and caused *Jatharagni Sandhukshana*, which lead to *Atikshuda* and *Vishamagni*. Further it contributes in the aggravation of the disease.

The whole process of the manifestation of disease is given here in schematic form –



CHIKITSA SIDDHANTA (Management):

Management of Obesity in *Ayurveda* is divided into three parts: –

- 1) *Nidana Parivarjana*
- 2) *Samshodhana*
- 3) *Samshamana*

1) NIDANA PARIVARJANA

This is the first line of management of *Medoroga*. *Aharatmaka*, *Viharatmaka* and *Manasa Nidanas* are responsible for *Medoroga* should be avoided.

2) SAMSHODHANA

Shodhana means *Apakarsana* of *Dosha*. *Atisthul* a patients with *Adhika Dosha* and *Adhika Bala* should be treated with *Samshodhan* therapy, including *Vamana*, *Virechana*, *Ruksha Niruha*, *Raktamokshana* and *Sirovirechana*. *Ruksha*, *Ushna* & *Tikshnavasti* are also suggested by *Charaka*. *Ruksha Udvardhana* is the *Bahya Shodhana* indicated for the management of *Sthaulya*⁷. '*Snehana Karma* is always restricted for the patients of *Sthaulya*⁸', however on exigency usage of *Taila* is recommended⁹.

3) SAMSHAMANA

The therapy which could not excrete the *Dosha* from the body and also not disturb the equation of balanced *Dosha* in the body but, it brings equilibrium to imbalance of *Dosha* is called *Samshamana* and is of seven types i.e., *Pachana*, *Deepana*, *Kshudha Nigraha*, *Trishna Nigraha*, *Vyayama*, *Atapa Sevana* and *Maruta Sevana*. Among the *Sad Upakramas*, *Langhana* and *Rukshana* can be administered for

Samshamana purpose having *Ruksha Guna* dominance in them. Alleviation of *Vata*, *Pitta* and *Kapha* especially *Samana Vayu*, *Pachaka Pitta* and *Kledaka Kapha* along with depletion of *Medodhatu* by increasing *Medodhatvagni* is main goal of treatment in *Sthaulya*.

Administration of *Guru* and *Apatarpana* articles which possess additional *Vata*, *Shleshma* and *Meda Nasaka* properties is considered as an ideal for *Samshamana* therapy¹⁰.

Gangadhara added *Guru*, *Ruksha* and *Ushna* properties, most suitable to alleviate *Vata*, *Shleshma* and *Meda* at ones. *Katu*, *Tikta* and *Kashaya Rasa* can be used for treatment of *Sthaulya* and *Dasavidha Langhana* therapy is mentioned for the same by *Charaka*. Besides that *Susruta* has included *regimonal* treatment and narrated *Paschima Maruta* i.e., winds from western direction as *Meda Vishosana* due to its *Ruksha* property. In *Ashtanga Sangraha* usage of *Laghu*, *Ushna*, *Ruksha*, *Tikshna*, *Sara*, *Kathina*, *Vishada*, *Khara* and *Sukshma Guna* are suggested for *Sthaulya* management as they possess *Kaphanashaka* and *Sthaulyahara* actions. *Acharya Charaka* has mentioned *Lekhaniya*, *Dasemani*, *Dravyasand* in *Susruta Samhita* various groups of drugs like *Varunadi Gana*, *Sala Saradi Gana*, *Rodhradi Gana*, *Arkadi Gana*,

International Journal of Research in Indian Medicine

MuskadiGana etc. are described as *Medonashaka*.

According to *AshtangaSangraha*, *Pragabhakta Kala* i.e. administration of medicine before meal is insisted for *Krishikarana* purpose. It has been further elaborated by *Sharangadhara* and advised to take *Lekhana* drug on empty stomach in early morning and before a meal. Further, it has been emphasized to consider *Agnibala*, *Dehabala*, *Doshabala* and *Vyadhibala* prior to fixation of dose and duration of treatment for *Sthaulya* (*Dalhana*). It has been advised by *Charaka* to follow constant and prolonged therapeutic intervention for management of *Sthaulya* (*Gangadhara*).

Some *Samshamana Yoga* mentioned in *Charaka Samhita* like *Guduchi*, *Bhadra Musta*, *Triphala*, *Takrarista*, *Makshika*, *VidangadiLauha*, *BilvadiPanchmulawith Madhu* and *Shilajatu* with *AgnimanthaSvarasa* are advised to practice for prolonged period. *Rasanjana* is mentioned as the best for the treatment of *Sthaulya*, while *Guggulu* is mentioned as the best for the disorder of *Vata* and *Meda*. In *Ashtanga Hridaya*, *Gomutra Haritaki*, *Rodhrasava*, *Navakaguggulu*, *Amrutaguggulu*, *Vardhamana Bhallataka Rasayana* etc. are the remedies added for the management of *Sthaulya*. *Madhu* has *Guru* and *Ruksha* properties; hence it is ideal one for management of *Sthaulya*.

PATHYA-APATHYA AHARA

<i>AharaVarga</i>	<i>Pathya</i>	<i>Apathya</i>
<i>ShukaDhanya</i>	<i>Yava, Venuyava, Kodrava, Nivara, Jurna</i>	<i>Godhuma, Navanna, Shali</i>
<i>ShamiDhanya.</i>	<i>Mudga, Rajmasha, Kulattha, Chanaka, Masura, Adhaki</i>	<i>Masha, Tila</i>
<i>ShakaVarga</i>	<i>Vruntaka, Patrashaka, Patola</i>	<i>Madhurshaka, Kanda</i>
<i>Phala</i>	<i>Kapitha, Jamuna, Amalaka</i>	<i>Madhuraphala</i>
<i>Dravya</i>	<i>Takra, Madhu, Ushnodaka, Til Tail, Sarshapa Tail, ArishthaAsava, Jirnamadya</i>	<i>Dugdha, IkshuNavnita, GhritaDadhi</i>
<i>Mansa</i>	<i>RohitaMatsya</i>	<i>Anupa, Audaka, Gramya</i>

PATHYA-APATHYA VIHARA

<i>Pathya</i>	<i>Apathya</i>
<i>Shrama</i>	<i>Sheetala Jalasnana</i>
<i>Jagarana</i>	<i>Divaswapa</i>
<i>Vyavaya</i>	<i>Avyayama</i>
<i>NityaBhramana</i>	<i>Avyavaya, Svapna Prasanga</i>
<i>Chintana</i>	<i>SukhaShaiya</i>
<i>Shoka</i>	<i>Nityaharsha</i>
<i>Krodha</i>	<i>Achintana, Mansonivritti</i>

CONCLUSIONS

Meda and *Kapha* potentiating diet, sedentary lifestyle, less mental thinking along with genetic predisposition factors are play a major role in aetiology of *Medoroga*. There is no specific treatment for obesity, only diet and exercise can play important role in management of obesity.

References

1. **Sushruta**, *SushrutaSamhita, Ayurveda-tattva-samdipika* commentary by AmbikaduttaShastri, Reprint 2005, *Sutra Sthana* (15:48), pg.64, Chaukhambha Sanskrit Sansthan, Varanasi (2005)
2. **Agnivesha**, *CharakaSamhita, Vidyotinihindi* commentary by Pt. KashiNathShastri and Dr. GorakhNathChaturvedi, Reprint 2003, *Sutra Sthana* (9:4), pg.192, Chaukhambha Bharati Academy, Varanasi (2003)
3. **Agnivesha**, *CharakaSamhita, Vidyotinihindi*

commentary by Pt. KashiNathShastri and Dr. GorakhNathChaturvedi, Reprint 2003, *Sutra Sthana* (21:9), pg.411, ChaukhambhaBharati Academy, Varanasi (2003)

4. **Agnivesha**, *CharakaSamhita, Vidyotinihindi* commentary by Pt. KashiNathShastri and Dr. GorakhNathChaturvedi, Reprint 2003, *Sutra Sthana* (20:17), pg. 404-405, Chaukhambha Bharati Academy, Varanasi (2003)
5. **Sushruta**, *Sushruta Samhita, Ayurveda-tattva-samdipika* commentary by Ambikadutta Shastri, Reprint 2005, *Sutra Sthana* (24:9,13), pg. 101-102, Chaukhambha Sanskrit Sansthan, Varanasi (2005)
6. <http://who.int/mediacentre/factsheets/fs311/en/> (cited 2016 September 24).
7. **Agnivesha**, *CharakaSamhita, Vidyotinihindi* commentary by Pt. KashiNathShastri and Dr. Gorakh Nath Chaturvedi, Reprint 2003, *Sutra Sthana* (21:21-23), pg.414, Chaukhambha Bharati Academy, Varanasi (2003)

- | | |
|---|---|
| <p>8. Agnivesha, <i>Charaka Samhita</i>, <i>Vidyotini</i> hindi commentary by Pt. Kashi Nath Shastri and Dr. Gorakh Nath Chaturvedi, Reprint 2003, <i>Sutra Sthana</i> (13:53), pg.269, ChaukhambaBharati Academy, Varanasi (2003)</p> <p>9. Agnivesha, <i>Charaka Samhita</i>, <i>Vidyotini</i> hindi commentary by Pt. Kashi Nath Shastri and Dr. Gorakh Nath Chaturvedi, Reprint 2003,</p> | <p><i>Sutra Sthana</i> (13:44), pg.267, ChaukhambaBharati Academy, Varanasi (2003)</p> <p>10. Agnivesha, <i>Charaka Samhita</i>, <i>Vidyotini</i> hindi commentary by Pt. Kashi Nath Shastri and Dr. Gorakh Nath Chaturvedi, Reprint 2003, <i>Sutra Sthana</i> (21:20), pg.414, ChaukhambaBharati Academy, Varanasi (2003)</p> |
|---|---|

Cite this article:**Obesity – An Ayurvedic Review**

Chandrajeet Kumar, Vijay Shankar Dubey, Amarendra Kumar Singh

Ayurline: International Journal of Research In Indian Medicine 2017; 1(3) : 32-39